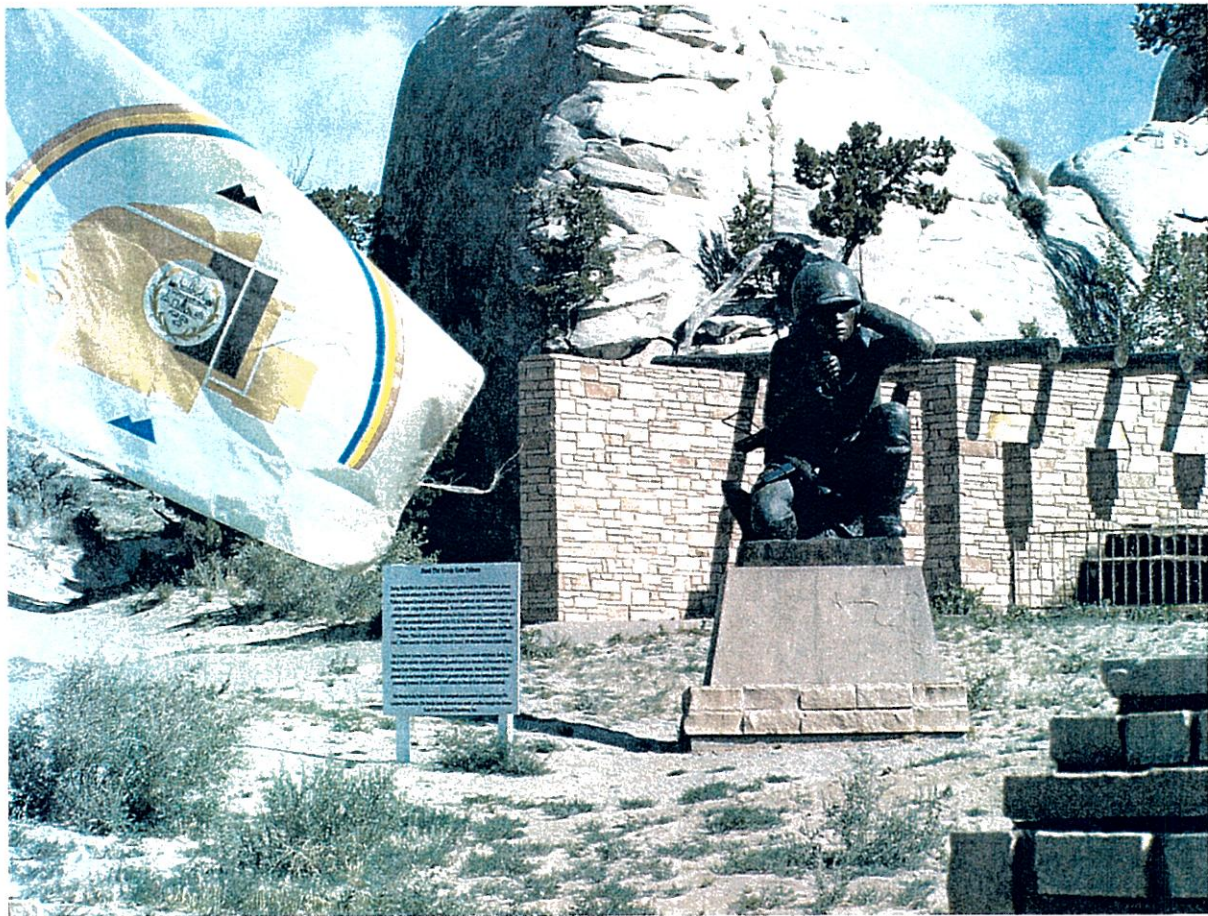


THE NAVAJO NATION



DEPARTMENT OF NAVAJO VETERANS AFFAIRS



POLICIES AND PROCEDURES

July 2010

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RESOLUTION OF THE
HUMAN SERVICES COMMITTEE
OF THE NAVAJO NATION COUNCIL

21st NAVAJO NATION COUNCIL – FOURTH YEAR, 2010

AN ACTION RELATING TO HUMAN SERVICES; NAVAJO VETERANS;
APPROVING SIX NAVAJO NATION DEPARTMENT OF VETERANS AFFAIRS
FINANCIAL ASSISTANCE POLICIES AND PROCEDURES FOR NAVAJO
VETERANS AFFAIRS

BE IT ENACTED:

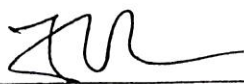
1. The Navajo Nation hereby approves six Navajo Nation Department of Veterans Affairs financial assistance policies and procedures for Navajo Veterans as specifically set forth in the document, as follows:

- A. VAMC (Carl T. Hayden Veterans Administration Medical Center) Fee Reimbursement Program for Traditional Ceremonies;
- B. General Fund Financial Assistance for Traditional Ceremonies and Native American Ceremonies;
- C. Financial Assistance from the Navajo Nation Veterans Trust Fund;
- D. General Fund Assistance for Honor Guard Detail;
- E. General Fund Assistance for Color Guard Detail; and
- F. General Fund Assistance toward the Cost of a Casket.

2. The Navajo Nation shall implement the six Navajo Nation Department of Veterans Affairs Financial Assistance Policies and Procedures until such time as they may be amended by resolution.

CERTIFICATION

I hereby certify that the foregoing Resolution was duly considered by the Human Services Committee of the Navajo Nation Council at a duly called meeting at Window Rock, Navajo Nation (Arizona), at which a quorum was present and the same was passed by a vote of 7 in favor, 0 opposed, this 19th day of August, 2010.



Larry Noble, Chairperson
Human Services Committee

Motion: Woody Lee
Second: Larry Anderson, Sr.



THE
NAVAJO
NATION

Department of Navajo Veterans Affairs
P.O. Box 430 * Window Rock, Arizona * 86515 * (928) 871-6413

DR. JOE SHIRLEY, JR.
President

BEN SHELLY
Vice President

MEMORANDUM

To: All Employees
Department of Navajo Veterans Affairs

From: David P. Nez
David P. Nez, Department Manager II
Department of Navajo Veterans Affairs

Date: August 23, 2010

Subject: Revision of DNVA Policies

Please be informed that on August 19, 2010, the Human Services Committee of the Navajo Nation Council approved the following policies:

1. VAMC Fee Reimbursement Program for Traditional Ceremonies for Navajo Veterans
2. Financial Assistance from the Navajo Nation Veterans Trust Fund
3. Traditional Ceremonies and Native American Church Ceremonies for Navajo Veterans and Active Duty Navajo Military Members
4. General Fund Assistance for Honor Guard Detail
5. General Fund Assistance for Color Guard Detail
6. General Fund Assistance toward the Cost of a Casket

With this approval by the Oversight Committee, you are hereby directed to immediately implement the administrative policies and procedures. All prior versions of the policies and procedures are no longer in effect.

You were provided an opportunity to orientate yourself on these revised policies and procedures at the Mandatory Policy Orientation on Thursday, August 19, 2010, wherein you signed an acknowledgement form; acknowledging the fact that you understand the policies and procedures as revised, that you received a copy, and that you would abide by same. This acknowledgement form will be retained in your personnel file.

It is imperative that these policy guidelines are followed due to the fact that we were audited and found non-compliant during the period leading up to this revision. The Administration will monitor compliance on a quarterly basis. The consequences for non-compliance will be subject to the table of penalties in the Personal Policy Manual.

Our mission is to deliver the program services in the most equitable, expedient, and responsible manner, and therefore we must be diligent and steadfast in our review of documents and decision making.

Your understanding and cooperation is expected and appreciated. Please check with your chain-of-command if you have any questions. Thank you.

cc: Julius Elwood, Acting Division Director, Division of Human Resources
Attachments
File

Policies and Procedures
VAMC Fee Reimbursement Program for Traditional Ceremonies
for Navajo Veterans
Department of Navajo Veterans Affairs
Division of Human Resources

I. Authority

Pursuant to the Amendment to the original 1998 Agreement, Carl T. Hayden Veterans Administration Medical Center (hereinafter "Carl T. Hayden VAMC") of Phoenix, Arizona, will reimburse to the Department of Navajo Veterans Affairs (hereinafter "DNVA") the financial assistance that DNVA provides to eligible Navajo veterans for treatment through traditional ceremonies.

All financial assistance and reimbursements under this Fee Reimbursement Program are contingent upon the availability of funds.

II. Purpose

To assist Navajo veterans who are referred to diagnosticians and traditional ceremonies as part of their treatment. Upon approval by Carl T. Hayden VAMC, fee reimbursement will be paid to DNVA for the financial assistance which DNVA has provided for Navajo veterans.

III. Eligibility Criteria

The VAMC Fee Reimbursement Program is intended for Navajo veterans who meet the following eligibility criteria:

- A. Must have been issued a character of discharge other than dishonorable and must submit a copy of a DD-214 or Discharge Certificate.
- B. Must submit a copy of a Certificate of Indian Blood that indicates the veteran is at least $\frac{1}{4}$ blood Navajo.
- C. Must have completed a VA Form 10-10EZ and be enrolled with a VAMC.
- D. Must be referred to a Navajo diagnostician by VAMC, IHS, social services, treatment centers or DNVA staff.
- E. The Navajo diagnostician must, in turn, refer the Navajo veteran to a traditional practitioner for an appropriate traditional ceremony.

IV. Procedures

- A. Referral of Navajo Veteran to Diagnostician
 - 1. The Navajo veteran shall complete a Financial Assistance Request form (Attachment A) and a Referral to Diagnostician form (Attachment B) and

submit the forms to the Agency DNVA Office. The veteran may request of the Agency DNVA Office a referral to a diagnostician.

2. The Agency DNVA Office will explain to the Navajo veteran the Fee Schedule (Attachment D) for the ceremonies eligible for the Fee Reimbursement Program.
3. The Agency DNVA Office will set up a case file and will determine whether the Navajo veteran meets the eligibility criteria. If the Navajo veteran lacks specific documentation, he/she will be directed to appropriate offices where the documentation may be obtained.
4. If the Navajo veteran is determined to be eligible and the Navajo veteran has not yet consulted a diagnostician:
 - a. The Navajo veteran shall select a diagnostician of his/her choice.
 - b. The Navajo veteran shall make appropriate arrangements with the diagnostician and inform the Agency DNVA Office of the diagnostician's name, social security number and mailing address.
 - c. Upon review and approval, the Agency DNVA Office will complete a W-9 form and a Request for Direct Payment ("RDP"), and forward the RDP and copies of the Financial Assistance Request and Referral to Diagnostician forms to Accounts Payable.
 - d. The Agency DNVA Office will pick up the check and either deliver it to the Navajo veteran who will give it to the diagnostician or the Agency DNVA Office will mail (certified, return receipt) the check to the diagnostician.
 - e. The diagnostician will sign the Referral to Diagnostician form, and within thirty (30) calendar days of the completion of the diagnostician's service, the veteran will return the completed form to the Agency DNVA Office which will certify the form. The Agency DNVA Office will follow up with the Navajo veteran to ensure the completed form is returned to DNVA within thirty (30) days of the date that the diagnostician's service was completed.
 - f. DNVA will forward the completed forms to the Carl T. Hayden VAMC for reimbursement to the Navajo Nation within thirty (30) calendar days of the date of the diagnostician's service.
5. If a diagnostician has already completed his/her service for a Navajo veteran, and the Navajo veteran requests financial assistance for the diagnostician's service, the Agency DNVA Office will:

- a. Inform the veteran that DNVA will not pay for the diagnostician's service because the Carl T. Hayden VAMC Fee Reimbursement Program will not pay for ceremonies already performed.
 - b. Inform the veteran that, however, if a traditional ceremony by an ordained practitioner has not yet been performed for the veteran, DNVA will financially assist the veteran, if eligible, for a traditional ceremony.
- B. Ceremony by Traditional Practitioner
- 1. The Navajo veteran requests the Agency DNVA Office for assistance to pay for a traditional ceremony as recommended by a diagnostician. The veteran will complete a Financial Assistance Request form (Attachment A) and an Authorization for Service form (Attachment C).
 - 2. The Agency DNVA Office will explain to the Navajo veteran the Fee Schedule (Attachment D) for the ceremonies eligible for the Fee Reimbursement Program.
 - 3. The Agency DNVA Office will set up a case file and complete a W-9 form.
 - 4. Upon review and approval, the Agency DNVA Office will forward an RDP and copies of the Financial Assistance Request, Authorization for Service, and W-9 forms to Accounts Payable.
 - 5. The Agency DNVA Office will pick up the check and either deliver it to the Navajo veteran who will give it to the traditional practitioner or the Agency DNVA Office will mail (certified, return receipt) the check to the traditional practitioner.
 - 6. The traditional practitioner will sign the Authorization for Service form, and within thirty (30) calendar days of the completion of the ceremony, the veteran will return the completed form to the Agency DNVA Office which will certify the form. The Agency DNVA Office will follow up with the Navajo veteran to ensure the completed form is returned to DNVA within thirty (30) days of the date that the ceremony was conducted.
 - 7. DNVA will forward the completed forms to Carl T. Hayden VAMC for fee reimbursement to the Navajo Nation within thirty (30) calendar days of completion of the traditional ceremony.

V. Limitations

- A. No financial assistance shall be approved for any diagnostician service or traditional ceremony that has been conducted without prior referral and approval by DNVA.
- B. Financial assistance is offered only for the diagnostician services and traditional ceremonies that are listed on the Fee Schedule.
- C. No diagnostician service or traditional ceremony shall be approved for financial assistance if the service or ceremony is to be conducted or performed by the veteran's immediate family member. However, in the rare instance that only a veteran's immediate family member can perform the indicated diagnostician service or particular ceremony, then the Navajo veteran must first seek approval by the Central DNVA Office before proceeding with the request for assistance. The Central Office's approval must be indicated in writing on the Financial Assistance Request Form.
- D. All financial assistance checks will be made payable to the respective diagnostician or traditional practitioner except for the Enemy Way ceremony. Financial assistance checks for the Enemy Way ceremony will be made payable to the veteran for whom the ceremony has been approved. The veteran will be responsible for paying the practitioner and paying for other ceremony-related costs (food, materials, helpers, etc).
- E. If a DNVA employee who is a Navajo veteran desires to apply for assistance from the Fee Reimbursement Program or a Navajo veteran desires to have his/her diagnostician service and/or traditional ceremony done by a Traditional Practitioner who is employed by DNVA, the steps outlined above will be conducted by the Central DNVA Office with review and approval by the DNVA Manager and the Human Resources Division Director. The DNVA employee or the Navajo veteran requesting such assistance will complete the appropriate Financial Assistance Request form that is specifically for this circumstance (Attachment E or F).

VI. Amendments

These Policies and Procedures may be amended upon the recommendation of DNVA and the Carl T Hayden VAMC, duly processed through the SAS review process, and upon review and approval of the Human Services Committee of the Navajo Nation Council.

July 2010

Policies and Procedures
Financial Assistance from the Navajo Nation Veterans Trust Fund
Department of Navajo Veterans Affairs
Division of Human Resources

I. Authorities

Pursuant to its Plan of Operation, the Department of Navajo Veterans Affairs, (hereinafter "DNVA") may provide financial assistance funded by the Navajo Nation Veterans Trust Fund (hereinafter "Veterans Trust Fund").

Pursuant to 12 N.N.C. § 1176(B), DNVA may provide assistance to individual Navajo veterans or other eligible individuals, *see* Section IV, and grants to Chapter Veterans Organizations (hereinafter "CVO") from the Veterans Trust Fund based on a formula as may be designated by the Office of Management and Budget.

All financial assistance and grants from the Veterans Trust Fund are contingent on the availability of funds.

II. Background

The Navajo Nation Council established the Veterans Trust Fund pursuant to Resolution CJY-46-98 with an initial appropriation of \$6.0 million. The intention was that the fund income/interest would be available for expenditure beginning October 1, 2003 or Fiscal Year 2004. The Navajo Nation Council approved the initial appropriation from the Veterans Trust Fund in September 2003.

Resolution CN-55-06 amended the Veterans Trust Fund by authorizing an annual transfer of 4% of all projected revenues of the Navajo Nation to the Veterans Trust Fund. 12 N.N.C. § 1176(C) provides that 95% of the 4% shall be used for veterans services and programs and 5% shall be used for administering the Veterans Trust Fund.

III. Purpose

The Veterans Trust Fund will provide funds for veterans programs, projects and services which include but are not limited to program/project development, community/economic development, housing, training and employment opportunities, leveraging or matching funds for exemplary projects, protection and advocacy services, benefits, services, education and scholarship, and survivor's benefits for surviving spouses of deceased veterans.

IV. Eligibility Criteria

Assistance will be provided, upon approval, for a Navajo veteran, a surviving spouse of a deceased Navajo veteran or a Gold Star mother. Grants will be approved for CVOs in accordance with each CVO's Veterans Trust Fund budget. Navajo veterans or other eligible individuals and CVOs must meet following eligibility criteria:

- A. Must be a Navajo veteran whose character of discharge is other than dishonorable and must submit a copy of a DD-214 or Discharge Certificate.
- B. Must be an enrolled member of the Navajo Nation and be registered to vote in his/her Navajo chapter.
- C. Is a surviving spouse of a Navajo veteran and must submit a copy of the Navajo veteran's death certificate and a DD-214.
- D. Is a Gold Star mother and must submit a copy of a U.S. Department of Defense official notification that her son or daughter was killed in action or a death certificate.
- E. Is a duly organized CVO with duly elected or appointed CVO officers.
- F. DNVA employees who are Navajo veterans are not eligible to receive assistance from the Veterans Trust Fund. (Any DNVA employee who is a Navajo veteran may request assistance from the Navajo Nation Employee Assistance Program or other appropriate programs.)

V. Allowable Expenditures

The following specific types of needs, services and activities may be approved for assistance or grants.

- A. Assistance for Navajo veterans, surviving spouses or Gold Star Mothers:
 - 1. Emergency one time assistance for food, vehicle fuel or utilities to cover costs for one month. This assistance is limited to one time per fiscal year per individual requesting such assistance.
 - 2. Emergency one time assistance for heating costs including firewood, pellets, coal, and propane. This assistance is limited to one time per fiscal year per individual requesting such assistance.
 - 3. Home improvement costs for small items such as paint, brushes, rollers, nails, doorknobs, or chimney pipes not to exceed \$150 (one hundred fifty dollars) for the fiscal year per individual requesting such assistance.
 - 4. Funeral service expenses not to exceed \$150 (one hundred fifty dollars) per Navajo veteran's family
- B. Assistance for Navajo veterans only:
 - 1. Vehicle fuel costs, meals and lodging directly related to traveling to veterans hospitals for treatments and appointments but not to exceed \$150 (one hundred fifty dollars) in a fiscal year.

2. Educational expenses limited to items such as books, course fees, and supplies not to exceed \$250 (two hundred fifty dollars) per fiscal year.
 3. Travel expenses not to exceed \$75 (seventy five dollars) for individual Navajo veterans to attend workshops and conferences up to the amount allocated in the annual CVO budget.
- C. Assistance for CVOs only:
1. One time purchase or replacement cost of a United States flag or a Navajo Nation flag or a state flag (Arizona, New Mexico or Utah as appropriate) with a post and base.
 2. Award plaques and certificates
 3. Office supplies for a CVO
 4. Food, paperware, table cloths, decorations, and other similar items used for CVO meetings and holiday dinners.
 5. Stipends of \$25 (twenty-five dollars) will be paid to each officer of a CVO to conduct 12 veterans meetings per fiscal year. The maximum number of officers to be compensated is three per CVO.
 6. Travel expenses not to exceed \$75 (seventy five dollars) for each CVO officer who attends workshops and conferences up to the amount allocated in the annual CVO budget.

VI. Procedures

- A. The Central DNVA Office shall allocate the annual Veterans Trust Fund appropriations in accordance with OMB's formula such that each CVO shall be allocated a certain sum for its Veterans Trust Fund budget for the fiscal year.
- B. Each CVO shall develop and prepare a Veterans Trust Fund budget based on its allocation for that fiscal year, and this budget shall be duly approved by the CVO in a regularly scheduled meeting. The budget can include only the items listed in Section V. Agency DNVA Offices may assist CVOs in preparing the annual budget.
- C. Each CVO shall forward its Veterans Trust Fund budget to the respective Agency DNVA Office and to the Central DNVA Office on or before October 15 of each fiscal year.
- D. No requests for assistance or grants shall be approved until the CVO's Veterans Trust Fund budget has been received by the respective Agency DNVA Office and the Central DNVA Office.

- E. Requests for assistance or a grant shall be processed according to the following:
1. A Navajo veteran or other eligible individual must make his/her request for assistance in a regularly scheduled CVO meeting at his/her chapter. A CVO must make its request for assistance in a regularly scheduled CVO meeting at its respective chapter.
 2. The CVO shall duly consider and approve the request for assistance or a grant.
 3. The request for assistance or grant packet shall include the sign-in sheet, the meeting agenda, the written minutes of the CVO meeting at which the assistance or grant was considered and approved.
 4. If the request for assistance or grant involves receipts, bill statements and invoices or other relevant documentation, these shall be included in the assistance or grant packet.
 5. The Navajo veteran or other eligible individual or CVO shall forward the completed assistance or grant packet to the respective DNVA Agency Office and will complete the Financial Assistance Request form (Attachment A).
 6. The Agency DNVA Office Manager will review and approve the assistance or grant, complete a Request for Direct Payment ("RDP") and forward the RDP, copies of the Financial Assistance Request form and the assistance or grant packet to Accounts Payable.
 7. The Agency DNVA personnel will send the assistance payment or grant to the veteran or other eligible individual or the CVO or a vender, as appropriate.

VII. Amendments

These Policies and Procedures may be amended upon the recommendation of DNVA, duly processed through the SAS review process, and upon review and approval of the Human Services Committee of the Navajo Nation Council.

July 2010

**Policies and Procedures
General Fund Assistance
Traditional Ceremonies and Native American Church Ceremonies
for Navajo Veterans and Active Duty Navajo Military Members
Department of Navajo Veterans Affairs
Division of Human Resources**

I. Authority

Pursuant to its Plan of Operation, the Department of Navajo Veterans Affairs, (hereinafter "DNVA") may provide General Fund assistance to Navajo veterans and active duty Navajo military members for traditional ceremonies and Native American Church ceremonies.

All financial assistance from the DNVA General Fund is contingent upon the availability of funds.

II. Purpose

- A. To financially assist Navajo veterans with Native American Church ceremonies.
- B. To financially assist active duty Navajo military members who need traditional ceremonies or Native American Church ceremonies.

III. Eligibility Criteria

Financial assistance is intended for Navajo veterans and active duty Navajo military members who meet the following eligibility criteria:

- A. Navajo Veteran
 - 1. Must have been issued a character of discharge other than dishonorable and must submit a copy of a DD-214 or Discharge Certificate.
 - 2. Must be an enrolled member of the Navajo Nation and be registered to vote in his/her Navajo chapter.
- B. Active Duty Navajo Military Member
 - 1. Must submit a copy of current military ID, orders, and/or military leave slip.
 - 2. Must be an enrolled member of the Navajo Nation and be registered to vote in his/her Navajo chapter.

IV. Procedures

- A. Native American Church Ceremonies for Navajo Veterans
 - 1. The Navajo veteran requests assistance from the Agency DNVA Office for a Native American church ceremony and will complete a Financial As-

sistance Request form (Attachment A) and an Authorization for Traditional Ceremony or Native American Church Ceremony form (Attachment G).

2. The Agency DNVA Office will determine whether the Navajo veteran is eligible for assistance.
3. Upon review and approval, the Agency DNVA Office will complete a Request for Direct Payment ("RDP") and will forward the RDP and copies of the Financial Assistance Request and Authorization for Traditional Ceremony or Native American Church Ceremony forms to Accounts Payable.
4. The check will be made payable to the Native American Church ("NAC") robeman/roadman in the amount of \$150 (one hundred fifty dollars).
5. The NAC robeman/roadman will sign the completed Authorization for Traditional Ceremony or Native American Church Ceremony form, and the Navajo veteran will return the form to the Agency DNVA Office within thirty (30) calendar days of the ceremony being conducted. The Agency DNVA Office will follow up with the Navajo veteran to ensure the completed form is returned to DNVA within thirty (30) days.

B. Traditional Ceremonies or Native American Church Ceremonies for Active Duty Navajo Military Member

1. The active duty Navajo military member requests financial assistance from the Agency DNVA Office for a traditional ceremony or a Native American Church ceremony and will complete a Financial Assistance Request form (Attachment A) and an Authorization for Traditional Ceremony or Native American Church Ceremony form (Attachment G).
2. The Agency DNVA Office determines whether the active duty Navajo military member is eligible for financial assistance.
3. Upon review and approval, the Agency DNVA Office will complete an RDP and will forward the RDP and copies of the Financial Assistance Request and Authorization for Traditional Ceremony or Native American Church Ceremony forms to Accounts Payable.
4. The check will be made payable to the NAC robeman/roadman or the traditional practitioner in the amount of \$150 (one hundred fifty dollars).
5. The traditional practitioner or NAC robeman/roadman will sign the Authorization for Traditional Ceremony or Native American Church Ceremony form, and the active duty Navajo military member will return the completed form to the Agency DNVA Office within thirty (30) calendar days of the ceremony being conducted. The Agency DNVA Office will

follow up with the active duty Navajo military member to ensure the completed form is returned to DNVA within thirty (30) days.

V. Limitations

- A. Financial assistance will be in the amount of \$150 (one hundred fifty dollars).
- B. Financial assistance is limited to one time only per fiscal year per Navajo veteran or active duty Navajo military member.
- C. DNVA employees who are Navajo veterans are not eligible to receive assistance under this General Fund financial assistance program. (Any DNVA employee who is a Navajo veteran may request assistance from the Navajo Nation Employee Assistance Program or other appropriate programs.)
- D. If a Navajo veteran or active duty Navajo military member desires to have his/her traditional ceremony or Native American Church ceremony done by a traditional practitioner or NAC robe man/roadman who is employed by DNVA, the steps outlined above will be conducted by the Central DNVA Office with review and approval by the DNVA Manager and the Human Resources Division Director. The Navajo veteran or active duty Navajo military member requesting such assistance will complete a Financial Assistance Request Form—III that is specifically for this circumstance (Attachment F).

VI. Amendments

These Policies and Procedures may be amended upon the recommendation of DNVA, duly processed through the SAS review process, and upon review and approval of the Human Services Committee of the Navajo Nation Council.

July 2010

Policies and Procedures
General Fund Assistance for Honor Guard Detail
Department of Navajo Veterans Affairs
Division of Human Resources

I. Authority

Pursuant to its Plan of Operation, the Department of Navajo Veterans Affairs, (hereinafter "DNVA") may provide General Fund assistance to financially compensate Navajo veterans who serve in Honor Guard Details.

All financial assistance from the DNVA General Fund is contingent upon the availability of funds.

II. Purpose

To financially compensate a Navajo veteran who participates in an Honor Guard Detail at a funeral service for a deceased Navajo veteran on the Navajo Nation or in a town bordering the Navajo Reservation.

III. Eligibility Criteria

Only Navajo veterans may be compensated for participation in Honor Guard Details and must satisfy the following criteria:

- A. Must have been issued a character of discharge other than dishonorable and must submit a copy of a DD-214 or Discharge Certificate.
- B. Must be an enrolled member of the Navajo Nation and be registered to vote in his/her Navajo chapter.
- C. Must have knowledge of Honor Guard Detail duties including folding and presenting the burial flag, conducting a rifle salute, sounding taps and providing security for the casket during the church service and at the burial site.

IV. Procedures

- A. The family of the deceased Navajo veteran shall request of the respective Agency DNVA Office an Honor Guard Detail to serve at the funeral service of its deceased veteran and will complete a Financial Assistance Request form (Attachment A).
- B. The Agency DNVA Office will determine whether funds are available, and if funds are available, the Office will contact a local Honor Guard Detail that will serve at the funeral service.
- C. The Agency DNVA Office and the Commander of the Honor Guard Detail will complete the Honor Guard Detail Request form (Attachment H).

- D. Upon review and approval, the Agency DNVA Office will complete the Request for Direct Payment ("RDP") and forward the RDP and copies of the Financial Assistance Request and Honor Guard Detail Request forms to Accounts Payable.
- E. Checks will be made payable to the individual members who have been identified on the Honor Guard Detail Request form.
- F. The checks will be forwarded to the Agency DNVA Office for distribution to the Honor Guard Detail.

V. Limitations

- A. DNVA will financially compensate only up to nine (9) members who participate in the Honor Guard Detail.
- B. Each member of an Honor Guard Detail shall be compensated at \$75 (seventy five dollars) per funeral service.
- C. DNVA employees who are Navajo veterans may serve on an Honor Guard Detail but will not be financially compensated for his/her service.

VI. Amendments

These Policies and Procedures may be amended upon the recommendation of DNVA, duly processed through the SAS review process, and upon review and approval of the Human Services Committee of the Navajo Nation Council.

July 2010

Policies and Procedures
General Fund Assistance for Color Guard Detail
Department of Navajo Veterans Affairs
Division of Human Resources

I. Authority

Pursuant to its Plan of Operation, the Department of Navajo Veterans Affairs, (hereinafter "DNVA") may provide General Fund assistance to financially compensate Navajo veterans who serve in Color Guard Details.

All financial assistance from the DNVA General Fund is contingent upon the availability of funds.

II. Purpose

To financially compensate Navajo veterans who participate in Color Guard Details at patriotic events or activities on the Navajo Nation or in towns bordering the Navajo Reservation.

III. Eligibility Criteria

Only Navajo veterans may be compensated for participation in Color Guard Details, and they must satisfy the following criteria:

- A. Must have been issued a character of discharge other than dishonorable and must submit a copy of a DD-214 or Discharge Certificate.
- B. Must be an enrolled member of the Navajo Nation and be registered to vote in his/her Navajo chapter.

IV. Procedures

- A. The sponsoring organization shall submit to the respective Agency DNVA Office a completed Financial Assistance Request form (Attachment A) to pay a Color Guard Detail for a patriotic event that it is sponsoring.
- B. The Agency DNVA Office will determine whether funds are available, and if funds are available, the Office will contact a local Color Guard Detail to see if it can be available to assist the sponsoring organization.
- C. If the local Color Guard Detail is available, the Agency DNVA Office and the Commander of the Color Guard Detail will complete a Color Guard Detail Request form (Attachment I).
- D. Upon review and approval, the Agency DNVA Office will complete the Request for Direct Payment ("RDP") and forward the RDP and copies of the Financial Assistance Request and Color Guard Detail Request forms to Accounts Payable.

- E. Checks will be made payable to the individual members who have been identified on the Color Guard Detail Request form.
- F. The checks will be forwarded to the Agency DNVA Office for distribution to the Color Guard Detail.

V. Limitations

- A. DNVA will compensate up to ten (10) members of a Color Guard Detail.
- B. Each member of a Color Guard Detail will be compensated at \$50 (fifty dollars) per event.
- C. DNVA employees who are Navajo veterans may serve on a Color Guard Detail but will not be financially compensated for his/her service.

VI. Amendments

These Policies and Procedures may be amended upon the recommendation of DNVA, duly processed through the SAS review process, and upon review and approval of the Human Services Committee of the Navajo Nation Council.

July 2010

Policies and Procedures
General Fund Assistance toward the Cost of a Casket
Department of Navajo Veterans Affairs
Division of Human Resources

I. Authority

Pursuant to its Plan of Operation, the Department of Navajo Veterans Affairs, (hereinafter "DNVA") may provide General Fund monies to assist Navajo families with a certain sum toward the cost of a casket.

All financial assistance from the DNVA General Fund is contingent upon the availability of funds.

II. Purpose

To financially assist a family of a deceased Navajo veteran toward the cost of a casket in an amount of \$500 (five hundred dollars).

III. Eligibility Criteria

This financial assistance is available to a family whose deceased Navajo veteran had a discharge other than dishonorable, had a DD-214 or Discharge Certificate and was an enrolled member of the Navajo Nation.

IV. Procedures

- A. The family will request assistance from the Agency DNVA Office by completing a Financial Assistance Request form (Attachment A) and submitting a copy of the mortuary invoice that includes the cost of the casket to be purchased.
- B. The Agency DNVA Office will determine whether funds are available.
- C. Upon review and approval, the Agency DNVA Office will complete the Request for Direct Payment ("RDP") and forward the RDP and copies of the Financial Assistance Request form and the mortuary's invoice to Accounts Payable and to the Central DNVA Office.
- D. The check will be made payable to the mortuary that is handling the funeral service.
- E. The Central or Agency DNVA Office will deliver the check directly to the mortuary.

V. Amendments

These Policies and Procedures may be amended upon the recommendation of DNVA, duly processed through the SAS review process, and upon review and approval of the Human Services Committee of the Navajo Nation Council.

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

ATTACHMENT - A

FINANCIAL ASSISTANCE REQUEST FORM

TO: Veteran Service Officer
Department of Navajo Veterans Affairs

DATE: _____

REQUESTOR: _____

SOCIAL SECURITY NO.: _____

ADDRESS: _____

CENSUS NO.: _____

VA CLAIM NO.: _____

TELEPHONE NO.: _____

ARMY ☐ MARINE CORPS ☐ NAVY ☐ AIRFORCE ☐ NATIONAL GUARD ☐ COAST GUARD ☐

Peacetime ☐ WW II ☐ Korean ☐ Vietnam ☐ Desert Storm ☐ Persian Gulf ☐ Afghanistan ☐ Iraq ☐

Your relationship to Veteran, if not a Veteran: _____

TYPE OF ASSISTANCE: ☐ Emergency One Time Assistance (8060)
☐ Transportation Assistance for VAMC Appointment (Veteran Only) (8060)
☐ Travel Expense to Workshop/Conference (Veteran Only) (8060)
☐ Minor Home Improvement Supplies (8515)
☐ Diagnostic and/or Traditional Ceremony Assistance Carl T. Hayden VAMC (Veteran Only) (6912)
☐ Native American Church (Veteran Only) (6912)
☐ Native American Church / Traditional Ceremony (Active Duty Military Only) (6912)
☐ Honor Guard Detail (6930)
☐ Color Guard Detail (6930)
☐ Cost of Casket Assistance (8055)
☐ Funeral Service Expense (8055)
☐ Chapter Veterans Organization (7140) (4130) (3290)
☐ Educational Expense (Veteran Only) (8060)

PURPOSE AND NEED FOR REQUEST: _____

Are you employed: Yes / No If Yes, Permanent / Temporary Which Chapter are you registered with: _____

Have you requested or received any financial assistance from other programs or agencies? _____

I hereby certify that the above information is true.

Requestor's Signature

Date

OFFICIAL USE ONLY

I have verified the following:

Voter Registry ☐

Discharge Document ☐

Supporting Documents ☐

APPROVED: _____

DISAPPROVED: _____

Reason for Disapproval: _____

Veteran Service Officer's Signature

Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

CARL T. HAYDEN VAMC, PHOENIX, ARIZONA

REFERRAL TO DIAGNOSTICIAN

1. Name of Veteran: _____

Social Security No.: _____

Address: _____

2. Referral Statement: _____

Person Making Referral: _____

Title: _____

Work Address: _____

Phone No.: _____

Date: _____

3. Diagnostician Consulted:

Hand Trembler: _____ Crystal Gazer: _____ Star Gazer: _____

Name of Diagnostician: _____

Social Security No.: _____

Address: _____

Date Service Performed: _____

CERTIFICATION

I certify that the diagnostician service indicated above was performed as authorized by the Carl T. Hayden VAMC, Phoenix, Arizona.

Diagnostician: _____

Signature

Date

DNVA Certification: _____

Signature

Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

CARL T. HAYDEN VAMC, PHOENIX, ARIZONA

AUTHORIZATION FOR SERVICE

The Traditional Practitioner named below is authorized by Carl T. Hayden VAMC, Phoenix, Arizona to perform the following approved TRADITIONAL CEREMONY for the Navajo Veteran. This authorization is for fee reimbursement to the Department of Navajo Veterans Affairs.

1. Name of Veteran: _____
 (please print)
 Veteran's Social Security No.: _____
 Address: _____
 VA Medical Center where you receive
 care: (i.e., Albuquerque, Phoenix, Prescott) _____
2. Name of Traditional Practitioner: _____
 (please print)
 Traditional Practitioner's Social Security No.: _____
 Address: _____
3. Type of Traditional Ceremony performed: (circle below)

<u>Name of Ceremonies:</u> 1. Enemy Way 2. Flint Way 3. Protection Way 4. Smoke Way 5. Blessing Way	6. Night Way 7. Shooting Way 8. Evil Way 9. Monster Way 10. Life Way
--------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------
4. Date Service Performed: _____
 Month/Day/Year

CERTIFICATION

I certify the Traditional Ceremony indicated above was performed as authorized by the Carl T. Hayden VAMC, Phoenix, Arizona.

Traditional Practitioner:	_____ Signature	_____ Date
DNVA Certification:	_____ Signature	_____ Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

FEE SCHEDULE OF TRADITIONAL CEREMONIES FOR NAVAJO
VETERANS FEE REIMBURSEMENT PROGRAM
CARL T. HAYDEN VAMC, PHOENIX, ARIZONA

Brief Description of Ceremonies

Navajo Diagnosticians and Traditional Practitioners will determine the nature and cause of illness affecting Navajo Veteran clients. Based upon their diagnosis and treatment plan, the Navajo Practitioners may refer Navajo Veteran patients to Department of Navajo Veterans Affairs at the agency or central office. The Carl T. Hayden VAMC, Phoenix, Arizona physicians and specialists will accept the Traditional Practitioner's diagnosis and treatment procedures and will reimburse the Department of Navajo Veterans Affairs based upon the established agreement for alternative healthcare services provided by the Traditional Practitioners.

Ceremonies are performed at different times, some only at night, some only during the day, some are a combination of night and day, and some are performed during different seasons.

	<u>Name of Ceremony</u>	<u>Description</u>	<u>Time</u>	<u>Fee Schedule</u>
1.	Hand Trembling (Tinilei bee na'idikid)	Diagnostic	1 Hour	\$ 100
2.	Crystal Gazing (Tseghadi nidinii bee adeest'ii')	Diagnostic	1 Hour	\$ 100
3.	Star Gazer (So'bee adeesi'ii')	Diagnostic	1 Hour	\$ 100
4.	Enemy Way (Anaa'ji)	To re-adjust homecoming warriors back to a normal socio-cultural system.	4 Days	\$ 750
5.	Flint Way (Besheeji)	To heal wounded warriors, to heal wounds from enemy weapons, and to purify surgical wounds.	5 Days & 4 Nights	\$ 750
6.	Protection Way	A 2 day lengthy prayer in protecting against the enemy.	2 Days	\$ 450
7.	Smoke Ceremony (Dih Nalye)	This ceremony involves smoking natural mountain tobaccos, male and female herbs from the four sacred mountains to address and relieve emotional problems by the warrior. Re-establishes a good foundation and restores proper thinking and strong emotions.	1 Day	\$ 250

8.	Blessing Way (Hozhooji)	To re-establish a person's relationship to all natural elements of life.	2 Days & 1 Night	\$ 450
9.	Night Way (Ti'eeji or Ye'ii Bichei)	This ceremony is performed during the winter months to address and heal hearing problems due to explosion, shock, and firing of weapons.	5 Nights	\$ 750
10.	Shooting Way (Na'at'ooyeeji)	This ceremony consist of 1 ½ day herbal treatment plus 5 days and 4 nights ceremony to address and heal illness due to the effects of evil power or war.	1 ½ Day & 5 Days & 4 Nights	\$ 750
11.	Evil Way (Hoch'oji)	Procedure primarily consist of a blacking ritual that purifies warriors affected by the dead.	1 ½ Day	\$ 500
12.	Monster Way (Naay'ee'ee'ehgo)	Warriors affected by contacts with the destructions of war.	5 Nights	\$ 750
13.	Life Way (Inaji)	This ceremony is used for injuries resulting from accidents, sprains, strains, fractures, swellings, and cuts.	3 Days	\$ 450

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

DNVA STAFF MEMBERS REQUESTING ASSISTANCE FROM
CARL T. HAYDEN VAMC FEE REIMBURSEMENT PROGRAMFINANCIAL ASSISTANCE REQUEST FORM - II

1. DNVA Staff Who Is A Veteran Requesting Assistance.

Name of DNVA Staff Member: _____
 Agency: _____
 Title: _____
 Social Security No.: _____
 Address: _____

Type of Assistance: Diagnostic and/or Traditional Ceremony, Carl T. Hayden
 VAMC

OFFICIAL USE ONLY

I have verified the following: Voter Registry ☐ Discharge Document ☐ Supporting Documents ☐

APPROVED: _____ DISAPPROVED: _____

Reason for Disapproval: _____

 Department Manager's Signature

 Date

 Division Director's Signature

 Date

CERTIFICATION

I certify the Diagnostician Service and/or Traditional Ceremony indicated above was performed as authorized by the Carl T. Hayden VAMC, Phoenix, Arizona.

Traditional Practitioner or Diagnostician:

 Signature

 Date

Department Manager's Certification:

 Signature

 Date

Division Director's Certification:

 Signature

 Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

REQUESTING SERVICES OF TRADITIONAL PRACTITIONER OR NAC
ROBEMAN/ROADMAN WHO IS A DNVA STAFF MEMBERFINANCIAL ASSISTANCE REQUEST FORM - III

1. Navajo Veteran or Active Duty Navajo Military Member Requesting Services.

Veteran or Active Duty Military: _____
 Social Security No.: _____
 Address: _____

2. Funding Source: Carl T. Hayden VAMC: _____ General Funds: _____

3. Type of Ceremony: Diagnostic and/or Traditional Ceremony, VAMC: _____
-
- Traditional / NAC Ceremony, General Funds: _____

4. Traditional Practitioner or NAC Robeman/Roadman who is a DNVA Staff Member.

Name: _____
 Agency / Title: _____
 Social Security No.: _____
 Address: _____

OFFICIAL USE ONLYI have verified the following: Voter Registry ☐ Discharge Document ☐ Supporting Documents ☐

APPROVED: _____

DISAPPROVED: _____

Reason for Disapproval: _____

 Department Manager's Signature_____
 Date_____
 Division Director's Signature_____
 DateCERTIFICATION

I certify the Traditional Ceremony indicated above was performed as authorized by the Carl T. Hayden VAMC, Phoenix, Arizona.

Traditional Practitioner or Diagnostician: _____

 Signature_____
 Date

Department Manager's Certification: _____

 Signature_____
 Date

Division Director's Certification: _____

 Signature_____
 Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

GENERAL FUNDS

AUTHORIZATION FOR TRADITIONAL CEREMONY OR NATIVE
AMERICAN CHURCH CEREMONY

The following ceremony will be performed: _____

Amount: _____

 Signature of Veteran or Active _____ Date _____
 Duty Military

 Name: _____
 Social Security No.: _____
 Census No.: _____
 Address: _____

 Signature of Traditional Practitioner _____ Date _____
 or NAC Robeman/Roadman

 Name: _____
 Social Security No.: _____
 Census No.: _____
 Address: _____

CERTIFICATION

I certify that the Traditional Ceremony or Native American Church Ceremony indicated above was performed on the following date _____.

 Traditional Practitioner or NAC Robeman/Roadman: _____
 Signature Date

 DNVA Certification: _____
 Signature Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

HONOR GUARD DETAIL REQUEST

Date Requested: _____

OFFICIAL USE ONLY

Date Received: _____

Received By: _____

REQUESTED BY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

MESSAGE NUMBER: _____

NAME OF DECEASED VETERAN: _____

WAR ERA: _____ BRANCH: _____

TYPE OF DISCHARGE: _____ CHAPTER: _____

DATE OF SERVICE: _____ TIME: _____

NAME OF CHURCH: _____

LOCATION OF CHURCH: _____

LOCATION OF BURIAL SITE: _____

FLAG RECIPIENT: _____

RELATION TO DECEASED VETERAN: _____

TO BE FILLED OUT BY HONOR GUARD DETAIL COMMANDER

NAME:	ADDRESS:	SOCIAL SECURITY NO.:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

COLOR GUARD DETAIL REQUEST

Date Requested: _____

OFFICIAL USE ONLY

Date received: _____

Received By: _____

REQUESTED BY: _____

ORG./DEPT.: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

MESSAGE NUMBER: _____

EVENT: _____

EVENT SCHEDULE: _____

TIME: _____ LOCATION: _____

TO BE FILLED OUT BY COLOR GUARD DETAIL COMMANDER

NAME:	ADDRESS:	SOCIAL SECURITY NO.:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

CHECK OFF LIST FOR
VAMC FEE REIMBURSEMENT PROGRAM FOR TRADITIONAL
CEREMONIES FOR NAVAJO VETERANS

AGENCY

VETERAN'S NAME: _____

- | | |
|----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Financial Assistance Request Form | <input type="checkbox"/> Authorization for Service Form |
| <input type="checkbox"/> Request for Direct Payment (RDP) Form | <input type="checkbox"/> VA Form 10-10EZ |
| <input type="checkbox"/> Referral to Diagnostician Form | <input type="checkbox"/> Form W-9 for Veteran |

The following items listed below are also required for submittal to VAMC:

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Copy of DD214 / Military Discharge Papers | <input type="checkbox"/> Copy of Certificate of Indian Blood |
| <input type="checkbox"/> Copy of Signed RDP Form | <input type="checkbox"/> Copy of RDP Check: _____ |

The following items listed below are verified to be in the Veteran's Personal Folder:

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Copy of DD214 / Military Discharge Papers | <input type="checkbox"/> Copy of Voter Registration |
| <input type="checkbox"/> Copy of Identification / Drivers License | <input type="checkbox"/> Copy of Certificate of Indian Blood |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Form W-9 for Veteran |
| <input type="checkbox"/> Copy of Marriage License (if applicable) | |

OFFICIAL USE ONLY

I hereby certify that the required documents are attached and submitted for payment and reimbursement.

DNVA-Agency Signature & Title

Date

Veteran Service Officer's Signature

Date

SUBMITTED TO CARL T. HAYDEN VAMC

Signature & Title

Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

CHECK OFF LIST FOR FINANCIAL ASSISTANCE FROM THE NAVAJO NATION VETERANS TRUST FUND

AGENCY

VETERAN'S NAME: _____

☐ Financial Assistance Request Form

☐ Request for Direct Payment (RDP) Form

Chapter Veterans Organization: _____

☐ Agenda

☐ Sign In Sheet (signed by all CVO officers)

☐ Meeting Minutes

The following items listed below are verified to be in the Veteran's Personal Folder:

☐ Copy of DD214 / Military Discharge Papers

☐ Copy of Voter Registration

☐ Copy of Identification / Drivers License

☐ Copy of Certificate of Indian Blood

☐ Copy of Social Security Card

☐ Form W-9 for Veteran

☐ Copy of Marriage License (if applicable)

OFFICIAL USE ONLY

I hereby certify that the required documents are attached and submitted for payment.

DNVA-Agency Signature & Title

Date

Veteran Service Officer's Signature

Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

CHECK OFF LIST FOR GENERAL FUND ASSISTANCE – TRADITIONAL CEREMONIES AND NATIVE AMERICAN CHURCH CEREMONIES FOR NAVAJO VETERANS AND ACTIVE DUTY NAVAJO MILITARY MEMBERS

AGENCY

VETERAN'S NAME: _____

☐ Financial Assistance Request Form

☐ Authorization for Service Form

☐ Request for Direct Payment (RDP) Form

The following items listed below are verified to be in the Veterans Personal Folder:

☐ Copy of DD214 / Military Discharge Papers

☐ Copy of Voter Registration

☐ Copy of Identification / Drivers License

☐ Copy of Certificate of Indian Blood

☐ Copy of Social Security Card

☐ Form W-9 for Veteran

☐ Copy of Marriage License (if applicable)

OFFICIAL USE ONLY

I hereby certify that the required documents are attached and submitted for payment.

DNVA-Agency Signature & Title

Date

Veteran Service Officer's Signature

Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

CHECK OFF LIST FOR
GENERAL FUND ASSISTANCE FOR HONOR GUARD DETAIL

AGENCY

VETERAN'S NAME: _____

- | | |
|----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Financial Assistance Request Form | <input type="checkbox"/> Honor Guard Detail Request Form |
| <input type="checkbox"/> Request for Direct Payment (RDP) Form | |

The following items listed below are verified to be in the Veteran's Personal Folder:

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> <i>Copy of DD214 / Military Discharge Papers</i> | <input type="checkbox"/> <i>Copy of Voter Registration</i> |
| <input type="checkbox"/> <i>Copy of Identification / Drivers License</i> | <input type="checkbox"/> <i>Copy of Certificate of Indian Blood</i> |
| <input type="checkbox"/> <i>Copy of Social Security Card</i> | <input type="checkbox"/> <i>Form W-9 for Veteran</i> |
| <input type="checkbox"/> <i>Copy of Marriage License (if applicable)</i> | |

OFFICIAL USE ONLY

I hereby certify that the required documents are attached and submitted for payment.

DNVA-Agency Signature & Title

Date

Veteran Service Officer's Signature

Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

CHECK OFF LIST FOR
GENERAL FUND ASSISTANCE FOR COLOR GUARD DETAIL

AGENCY

VETERAN'S NAME: _____

- | | |
|----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Financial Assistance Request Form | <input type="checkbox"/> Color Guard Detail Request Form |
| <input type="checkbox"/> Request for Direct Payment (RDP) Form | |

The following items listed below are verified to be in the Veteran's Personal Folder:

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Copy of DD214 / Military Discharge Papers | <input type="checkbox"/> Copy of Voter Registration |
| <input type="checkbox"/> Copy of Identification / Drivers License | <input type="checkbox"/> Copy of Certificate of Indian Blood |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Form W-9 for Veteran |
| <input type="checkbox"/> Copy of Marriage License (if applicable) | |

OFFICIAL USE ONLY

I hereby certify that the required documents are attached and submitted for payment.

DNVA-Agency Signature & Title

Date

Veteran Service Officer's Signature

Date

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

CHECK OFF LIST FOR GENERAL FUND ASSISTANCE TOWARD THE COST OF A CASKET

AGENCY

VETERAN'S NAME: _____

- ☐ Financial Assistance Request Form ☐ Request for Direct Payment (RDP) Form
☐ Mortuary Contract / Invoice (Name of Mortuary: _____)

The following items listed below are verified to be in the Veteran's Personal Folder:

- ☐ Copy of DD214 / Military Discharge Papers ☐ Copy of Voter Registration
☐ Copy of Identification / Drivers License ☐ Copy of Certificate of Indian Blood
☐ Copy of Social Security Card ☐ Form W-9 for Veteran
☐ Copy of Marriage License (if applicable)

OFFICIAL USE ONLY

I hereby certify that the required documents are attached and submitted for payment.

DNVA-Agency Signature & Title

Date

Veteran Service Officer's Signature

Date